Page 1 of___



TOXICS RELEASE INVENTORY FORM A

	inited States Invironmental Prote	ection Agency			FORM	VI A	-					
W	HERE TO SEND COMI	PLETED FORMS: 1	P. O. Box 15 Lanham, MI	513 D 207			(See instruc	tion in Ap	ΓΕ OFFICE pendix E)	TRI Fac	cility ID Num	ber
or	is section only applies i withdrawing a previous nerwise leave blank.		Revision (enter	r up to two co	de(s)	7	Wit	hdrawal (ente	er up to t	wo code(s)	
IN	IDODTANT. Coo inst	mations to determ	ing when "Not	A	plicable (NA)	' howa	a should b	م ماممام	a	J L		
11V	IPORTANT: See instr		1. FACILI									_
SI	ECTION 1. REPO			-	IDEI(III)	0111	1011111	OICIVII	111011			_
_	ECTION 2. TRAI			ON								_
2.1	Are you claiming the Yes (Answer of Attach su		No (De	o not	t answer 2.2; Section 3)	2.2 Is	s this copy (Ans	wer only	Sanitized if "YES" in 2	(a.1)	Unsanitized	
	ECTION 3. CERT		(Important:									
372	ereby certify that to the bes 2.27 (a), did not exceed 500 Ilion pounds during this rep	0 pounds for this repor										
Na	me and offical title of owner	r/operator or senior ma	nagement official:			Si	gnature:				Date Signed:	
												_
	SECTION 4. FACI	ILITY IDENTI	FICATION									_
4.1	1				Facility ID Num							
Fac	ility or Establishment Name			Faci	lity or Establishr	nent Naı	me or Mailin	g Address	(If different fror	n street add	ress)	
Stre	eet			Mail	ling Address							_
City	y/County/State/Zip Code			City	/State/Zip Code						Country (Non-U	JS)
4.2	This report contains inform	nation for: (Important	: Check c or d if a	pplic	able)			c	A Federal facility	d.	GOCO	
4.3	Technical Contact Name							Telephor	ne Number (incl	ude area co	de)	_
	Email Address											_
4.4	Public Contact Name							Telephoi	ne Number (in	clude area	code)	_
	Email Address										ļ.	_
4.5	NAICS Code (s) (6 digits)	Primary a.	b.		c.		d.		e.		f.	
4.7	Dun & Bradstreet Number (s) (9 digits)	a										
Ш	SECTION 5. PARE	l b. ENT COMPAN	Y INFORM	ATI	ION							
5.1	Name of Parent Company											
5.2	Parent Company's Dun &	Bradstreet Number	NA NA									

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Please do not copy double- sided!

EPA FORM A PART II. CHEMICAL IDENTIFICATION

	PART II. CHEMICAL IDENTIFICATION	TRIFID:
	Do not use this form for reporting PBT chemicals including Dioxin and Dioxin-like Compounds*	
S	ECTION 1. TOXIC CHEMICAL IDENTITY	Reportof
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting	g a chemical category.)
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)	
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structural	ly descriptive.)
S	ECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you com	pleted Section 1 above)
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, an	d punctuation.)
S	ECTION 1. TOXIC CHEMICAL IDENTITY	Report of
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2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, an	d punctuation.)
\$	SECTION 1. TOXIC CHEMICAL IDENTITY	Report of
1.1	SECTION 1. TOXIC CHEMICAL IDENTITY CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting the section 313 list. Enter category code if reporting the section 313 list.	
1.1		
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1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)	ng a chemical category.) ly descriptive.)
1.1 1.2 1.3	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally	ly descriptive.)
1.1 1.2 1.3 Si	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally ECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you component of the Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and	ly descriptive.)
1.1 1.2 1.3 Si	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally ECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you component of the Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and	ly descriptive.) pleted Section 1 above.) ad punctuation.) eport of
1.1 1.2 1.3 SI 2.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally complete this section if you complete this section if you complete Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and ECTION 1. TOXIC CHEMICAL IDENTITY Reception 1. TOXIC CHEMICAL IDENTITY Reception 2.1 is checked "yes". Generic Name must be structurally complete this section if you complete this section is you complete this you complete th	ly descriptive.) pleted Section 1 above.) ad punctuation.) eport of
1.1 1.2 1.3 SI 2.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally the section of the section	ly descriptive.) pleted Section 1 above.) ad punctuation.) eport of ing a chemical category.)
1.1 1.2 1.3 SI 2.1 1.1 1.2	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally section 2.1 is checked "yes". Generic Name must be structurally the Composite Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and ECTION 1. TOXIC CHEMICAL IDENTITY Received Toxic Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list. Enter category code if reporting Toxic Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)	ly descriptive.) pleted Section 1 above.) d punctuation.) eport of ing a chemical category.) y descriptive.)

*See the TRI Reporting Forms and Instructions Manual for the list of PBT Chemicals (including Dioxin and Dioxin-like Compounds)

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